

**N321 Medical/Surgical  
TEACHING PLAN INSTRUCTIONS AND EVALUATION**

STUDENT NAME: Molly Streff \_\_\_\_\_ Date: 1 April  
2020

Use the format page included for preparing the written component of the teaching plan. Students will be evaluated on the written plan (15 points) and on the presentation of the teaching plan (10 points). Total Points possible = 25 points.

SCORE

I. Evaluation of the **written component**

**Assessment of patient/client/class (3 points)**

\_\_\_\_\_ Prior knowledge of subject to be taught  
Determine patient's motivation to learn content  
Health beliefs/values (Taylor pgs 70 & 513)  
Psychosocial adaptations/adjustment to illness  
Compliance with health care protocols  
Assess patient's ability to learn  
Developmental level  
Physical capabilities/health status  
Language skills/literacy  
Level of education

**Nursing Diagnosis Identified (1 point)**

**Planning (3 points)**

\_\_\_\_\_ State objectives and outcomes: Include at least one from each learning domain:  
Cognitive, Affective & Psychomotor

**Interventions (2 points)**

\_\_\_\_\_ List the content to be included in instruction. Be specific and accurate.  
Logical sequence.  
Simple to complex.  
Organized

**Methods/Teaching Tools (2 points)**

\_\_\_\_\_ Instructional methods to be used:  
Examples are: Discussion  
Question & Answer  
Demonstration/Return Demonstration  
Strategies to keep patient's attention  
Methods to include patient in teaching/participation

**Evaluation (3 points)**

\_\_\_\_\_ Determine achievement of learning objectives based on expected outcomes. Identify strengths/weaknesses, Suggest modifications to plan; i.e. what would have made it better

**References Listed in APA format. (1 point)**

**TOTAL CONTENT**

\_\_\_\_\_/15

II. Evaluation of **teaching presentation (10 points)**

\_\_\_\_\_/10

Introduction of content, Patient put at ease, Eye contact,  
Clear speech and organized presentation, Environment conducive to learning,  
Family included, Accuracy of info, Validation of learning status, Use of teaching aids,  
Appropriate non-verbal body language etc.

Date Submitted: \_\_\_\_\_

**Total points**

\_\_\_\_\_/25

**N 321 Nursing the Adult Client  
TEACHING PLAN**

Student Name:     Molly Streff    

Subject:     Chest Tube    

Nursing Diagnosis: Ineffective breathing pattern related to respiratory distress due to hemothorax as evidenced by use of accessory muscles.

<b>Relevant Assessment Data</b> (see instructions)	<b>Patient Outcomes</b> (see instructions re: 3 domains of learning)	<b>Teaching Outline</b> (be specific and use a logical sequence)	<b>Teaching Tools</b> (see instructions)	<b>Evaluation</b> (see instructions)
<p>Patient is a 29-year-old male presenting with a stab wound to the left chest. Patient presented with difficulty breathing and was using accessory muscles upon assessment. Imaging reveals the stab wound goes through the chest wall with possible damage to the spleen. Patient has been diagnosed with a hemothorax and requires a chest tube for evacuation. Patient has no prior knowledge of the use or reasoning of, insertion procedure, or care after a chest tube. Patient initially did not seem motivated to learn about the chest tube, but as his pain is increasing is more willing. Patient believes men should be strong and not show any signs of weakness, to include pain or the need for help. Patient initially was not convinced he needed a chest tube</p>	<p><b>Cognitive Objective:</b> Patient will understand the importance of using a chest tube to evacuate the hemothorax. <b>Cognitive Outcome:</b> After multiple education sessions, the patient was able to recognize the danger not having a chest tube inserted would pose on his life. The patient showed clear understanding of the insertion process, reasoning for, and care of the chest tube.</p> <p><b>Affective Objective:</b> The patient should be accepting of the need for help and feel comfortable admitting he is in pain. <b>Affective Outcome:</b> Patient is willing to accept the need for the chest tube to evacuate the hemothorax and relieve his pain. Patient states he recognizes he put his life in danger by refusing treatment because he is "stubborn".</p> <p><b>Psychomotor</b></p>	<p>During your hospital stay you should:</p> <ul style="list-style-type: none"> <li>-Remain on strict bedrest until resolution of symptoms and examination for any further complications from your injury.</li> <li>-Use your call light if you need to reposition. This will alleviate the risk of dislodging the chest tube from moving yourself.</li> <li>-Inform your nurse of any pain or difficulty breathing. This will allow your nurse to medicate you appropriately as well as assess for any possible complications.</li> </ul> <p>After your hospital stay you should:</p> <ul style="list-style-type: none"> <li>-Continue to take medications for pain and infection prevention as prescribed by your provider.</li> <li>-Clean your wound on a daily basis with soap and warm water. Dab dry, do not rub.</li> <li>-Perform a dressing change daily or when visibly soiled. You will be provided with the supplies for this.</li> <li>-Continue use of your incentive spirometer. This will help continue full expansion of your lungs as well as assist in preventing infections such as pneumonia.</li> <li>-Increase physical activity. This should be done slowly to prevent the reopening of the</li> </ul>	<p>Patient was given an analgesic before beginning education as to alleviate the distraction of pain. The patient received education through discussion from both his provider and nurse about the reasoning for placing a chest tube. Patient was told not having this placed put him at risk for pneumothorax and further complications, potentially ending in death. Patient requested and was given a chest tube to look at and hold. The provider walked through the steps of the insertion procedure for</p>	<p>I believe the patient achieved the goal of my learning objectives. He was able to understand the importance and use of the chest tube in order to evacuate the hemothorax. The patient was able to reiterate the purpose of a chest tube and demonstrated understanding of the importance of admitting when he is in pain or needs help. The patient was also able to affectively use the incentive spirometer after insertion of the chest tube to regain an effective breathing pattern. Patient reached out to the nursing staff for help when needed. I believe the strengths of my teaching plan include the use of the physical object in order for the patient to have a full understanding of what will be inside of his body. Another strength is the inclusion of what the patient should expect while he is in the hospital and has the chest tube as well as how to care for himself after discharge. If I</p>

<p>and stated, "I've been stabbed before and didn't need one of those." Patient is struggling with the thought of needing a chest tube. Patient has so far been non-compliant with protocol for his diagnosis. Client has some college education at DACC and is capable of understanding the purpose of this intervention. Patient is literate and speaks English fluently. Patient has an appropriate developmental level for his age. This patient has no underlying diseases. The patient has two previous ED visits to an outside hospital for stab wounds.</p>	<p><b>Objective:</b> Patient will learn to breath steadily through pain with use of an incentive spirometer after the insertion of the chest tube in order to obtain a more effective breathing pattern.</p> <p><b>Psychomotor Outcome:</b> Patient began using incentive spirometer to assist with taking deep, even breaths after placement of the chest tube. Patient was able to regain an effective pattern of breathing after evacuation of hemothorax.</p>	<p>wound.</p> <p>-Follow up with your primary care provider 3 days after discharge. This appointment will allow for examination of your wound, prescription refills, and further instructions for your care.</p> <p>-Call 911 if you feel a sudden pain in your chest or abdomen or begin to have difficulty breathing. These symptoms may be indicative of reinjury or further complications from your injury.</p>	<p>the patient using the nurse as a simulation.</p>	<p>were to modify this education, I would include the insertion procedure since this was a worry for the patient.</p>
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**Reference(s):**

Hinkle, J. L., & Cheever, K. H. (2014). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (13th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Maliakal, M. (2011, July). *Patient Education Series: Chest tubes*. Wwww.Nursingcenter.Com. [https://www.nursingcenter.com/journalarticle?Article\\_ID=1183214&Journal\\_ID=54016&Issue\\_ID=1183139](https://www.nursingcenter.com/journalarticle?Article_ID=1183214&Journal_ID=54016&Issue_ID=1183139)

Vera, M. (2019, April 10). *3 Hemothorax and Pneumothorax Nursing Care Plans*. Nurseslabs. <https://nurseslabs.com/3-hemothoraxpneumothorax-nursing-care-plans/>